

existence of which at Netley was a source of much inconvenience and annoyance. Having little to do there, it was necessary to make work, and this caused perpetual worry and irritation, the Principal Medical Officer not unnaturally resenting the indignity of being superseded in the social and official supremacy to which he is entitled, by the assumed authority of an official who sometimes is junior in actual rank to himself. It was, he believed, an open secret that a recent Committee had recommended the removal of the discharge depot to Portsmouth; and as the right honourable gentleman had abolished the useless captain commandants of naval hospitals, and as Netley was the only military hospital provided with this unnecessary appendage, he would appeal to him with confidence to remove this long-standing grievance from the Army Medical Department.—Mr. CHILDERS replied, that all he could at present say was that the commandant at Netley would shortly receive careful consideration.

MILITARY AND NAVAL MEDICAL SERVICES.

THE sudden death at Torquay of Staff-Surgeon Peter Comrie, R.N., is announced.

SIR,—Would you kindly continue to advocate the adoption in the Navy of a white tropical uniform for officers? The men, both marines and sailors, have it. Even the ships are ordered to be painted white; yet the Admiralty oppose the white tunic. It is only by frequent applications to the press that any good can be got from the Admiralty in a sanitary point of view; and you have always lent a very willing hand to help us.—Your obedient servant,
R.N.

* * * Our correspondent has perhaps yet scarcely done all that is legitimate in his effort to effect the reform which he advocates. When any special want is felt, it should be represented by those concerned to the proper authorities. Working men are quite in a different position from that of officers, especially in the Naval Service; and it is only natural that their case should have first received attention from the Admiralty. Moreover, the captains of Her Majesty's ships on tropical stations are usually permitted to exercise their own judgment in this very matter, apart from the knotty question of prescribing, which means enforcing, additions to an already long list of clothing. The "white cap covers", or white drill or duck covers worn over the ordinary uniform cap have been demonstrated to be quite useless; transpiration being diminished just so much as to counteract the benefit that would otherwise be derivable from the white surface. It is clear, therefore, that an uniform cap should be planned for tropical conditions. The above hygienic fact was pointed out by Dr. E. Payne, of the United States Navy. A white tunic to supersede the "blue frock coat" on tropical stations would, no doubt, be a great boon to officers; and, if it were double-breasted, would also do away with the waistcoat usually worn with the frock coat. A flannel, merino, or silk inner vest and white shirt, with white trousers, as at present, would complete the suit; while canvas shoes not only look well, but are cool and comfortable to the feet.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE NETHERFIELD INSTITUTION FOR INFECTIOUS DISEASES.

THE annual report of this institution for the year 1881 is a document of no little interest. The hospital contains on an average 22 patients, so that it may be fairly said to be a small hospital; and, in accordance with the imaginations of some theorists, we should expect to find a smaller mortality than in the large metropolitan hospitals, for instance. Let us now see if this were so. In the year 1881, 17 cases of enteric fever were admitted into the Netherfield Hospital, of which four died, a mortality of 23.5 per cent. In the London Fever Hospitals the mortality from enteric fever for the ten years, 1871-80, as shown by statistics prepared by Dr. Fraser of the Homerton Fever Hospital, was as follows:—the London Fever Hospital, 17.61 per cent.; the Stockwell Fever Hospital, 22.90 per cent., and the Homerton Fever Hospital, 17.83 per cent. Allowance has to be made, however, for different principles of diagnosis. Thus, for instance, if one hospital placed under the head of simple continued fever all but well-marked cases, its proportion of cases of simple continued fever, in which death never occurs, would be increased, and the mortality in enteric and typhus fever, as a consequence of this, would be increased also. Of typhus there were admitted into Netherfield Hospital 17 cases, of which five died, a mortality of 29 per cent. In the London fever hospitals, during the ten years before mentioned, the mortality of typhus was as follows:—the London Fever Hospital, 18.61 per cent.; the Stockwell Fever Hospital, 22.47 per cent.; and the Homerton Fever Hospital, 19.69 per cent. Of patients with other diseases admitted into Netherfield Hospital, there were 13, of whom 5 died, a mortality of 38 per cent. In the London hospitals, for the ten years mentioned, the mortality of the other diseases was as follows:—the London Fever Hospital 22.39; the Stockwell Fever Hospital, 28.66; and the Homerton Fever Hospital, 32.90. In

this comparison, one must again allow for principles of diagnosis. The tendency to confound meningitis, pneumonia, peritonitis, and above all acute miliary tuberculosis, with enteric fever, is considerable; and in a hospital where it was the practice to make *post mortem* examinations in all cases of enteric fever so as to make the diagnosis certain, one would expect to find a lower mortality in its enteric fever cases and a higher in its other diseases. It is probable that the difference in the mortality of the other diseases just given will be to some extent explained in this way. Of course other things have to be considered, such as the practices of the various fever hospitals as to admitting or declining the other diseases. A hospital in the habit of taking in all the other diseases would naturally have a higher mortality in this class, because the great majority of the cases mistaken for specific fever are the most severe cases of acute disease, other than specific fever, and the mortality is necessarily high; so that a hospital which declined say all the cases of acute pneumonia sent to it, cases mostly involving nearly the whole of a lung, and sometimes both lungs, and not unfrequently complicated with pericarditis, would necessarily have a comparatively small mortality in this class of cases. The mortality for small-pox is comparatively equally high in the Netherfield Hospital, as a consideration of the following totals, for which we are indebted to Dr. McCombie of the Deptford Small-pox Hospital, will show.

Small-pox Cases treated in the London Small-pox Hospitals during the year 1871 to April 1872.

	Total Vaccinated.	Total Unvacc.	Percentage Unvacc. to Vacc. Cases.	Mortality per cent. Unvacc.	Mortality per cent. Vacc.	Mortality per cent. Vacc. and Unvacc.
Homerton Small-pox Hospital.	1,520	1,005	39.7	37.4	8.6	20
Hampstead Small-pox Hospital.	5,539	1,323	19.3	52.7	11.2	19.3
Stockwell Small-pox Hospital..	2,081	373	15.1	56.5	11.7	18.5
Stockwell Fever Hospital	1,317	524	28.3	39.1	7.3	16.3
Homerton Fever Hospital	717	404	36.	33.6	5.16	15.8
TOTALS.....	11,174	3,634	24.5	44.8	10.15	18.66

When one remembers that the period over which these statistics refer to was one during which the severest epidemic known to this generation raged, a mortality of 18.66 will compare favourably with one of 17.6. It has also to be pointed out that the mortality of the cases in the Homerton Fever Hospital, where the average daily number of patients during the epidemic of 1871 was about 250, was only 15.8, and in the Stockwell Fever Hospital, where the average daily number was over 200, the mortality was only 16.3. Facts, therefore, when we can get them, give no support to the advocates of the small hospitals. That the Netherfield Hospital is doing good and useful work, may be gathered from the fact that patients may be attended by their own physicians, and friends may nurse or stay with patients in the hospital. What a boon this is, will be appreciated only by the anxious parent who may send his child into this institution, and go there and nurse it himself. To an anxious mother, a place of this sort must be invaluable. The report concludes as follows. The total number of patients treated in the hospital from its foundation is 3,237, viz:—Scarlatina, 653; measles, 146; typhoid, 295; typhus, 946; variola, 906; miscellaneous, 291. Total, 3,237.

With regard to small-pox, a consideration of the last 312 cases shows that the protection afforded by vaccination against that disease entirely depends upon the efficiency with which the vaccination is performed. In most of the cases referred to, vaccination had been more or less imperfectly performed. The subjoined table shows the effect of this vaccination in modifying the mortality. It must however be borne in mind, that amongst the non-vaccinated the illness was in every instance long and severe, and recovery was accompanied with great permanent disfigurement; but amongst the imperfectly vaccinated the severity of the disease diminished in proportion to the efficiency, as evidenced by the scars, with which the vaccination had been done.

	Number of Cases.	Died.	Mortality per Cent.
1. Not vaccinated at all	58	28	48.2
2. Having one imperfect scar	57	9	15.8
3. " two " scars	120	9	7.5
4. " three " " "	64	1	1.5
5. " four " " "	13	0	—

Almost all the fatal cases amongst the vaccinated occurred in adults, showing the necessity for re-vaccination as adult life is approached.